## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature: <u>Jen-Chon</u>, <u>Tseng</u> Date: <u>June 23</u>, 2004
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## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## SILICON CONTROLLED RECTIFIER

the specification o	f which				
<ul><li>X is attached h</li><li>was filed on as Application</li></ul>	ereto.  n Serial No a	and was amended on	·		
I acknowledge application in according application application any foreign application any foreign application.	ding the claims, as amele the duty to disclose in rdance with Title 37, Com foreign priority benews) for patent or inventoration for patent or inventoration for patent or inventor priority is claimed:	d and understand the contented by any amendment reference of the formation which is material de of Federal Regulations, § fits under Title 35, United Secretificate listed below and intor's certificate having a fili	rred to above. to the patenta 1.56(a). tates Code, § have also ide	bility of this 119 of any ntified below	
Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
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transact all busines  Belinda Le  Charles Li	s in the Patent and Trace  (Reg. No  (Reg. No	. 53,226)	ewith:		
SEND CORRESI	PONDENCE TO:		DIRECT TELEPHONE CALLS TO: (Name and Telephone Number)		

Belinda Lee

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